(e) if so, the reasons for not undertaking the trials of such medicines?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) Yes.

(b) and (c) This is done to ensure compliance with guidelines on Good Clinical Practice (GCP) which were developed along the lines of current good clinical practices of the European Union, Japan, United States of America, Australia, Canada, the Nordic countries and the World Health Organization (WHO). These provide assurance to the public that the rights, safety and well-being of trial subjects are protected, and that the clinical trial data are credible. Good Clinical Practice (GCP) is an international ethical and scientific quality standard for designing, conducting, recording and reporting trials that involve the participation of human subjects.

(d) Many Ayurvedic plants have shown anti cancer properties *e.g.* Turmeric, Semicarpus Anacardium, Tinospora Cordifolia etc.

Clinical studies are also conducted to assess use of Ayurvedic treatment in different types of cancer. In 1996 a pilot project was sanctioned by the Union Ministry of Health and Family Welfare to study the effects of metal based formulations prepared by Vaidya Balendu Prakash of Dehradun in the treatment of Acute Pro-Myllotic Leukemia (APML) in 90 days. 15 patients were enrolled in the study out of which 10 patients had shown a complete remission in peripheral blood smear.

(e) Clinical trials of AYUSH QOL — 2C developed by CCRAS for improvement of quality of life of those receiving chemotherapy/radio-therapy, have been initiated at St. Johns medical college, Bangalore and at the All India Institute of Medical Science, New Delhi.

Schemes for pregnant women

†2363. SHRIMATI MAYA SINGH : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the schemes implemented by Government meant for pregnant women residing in remote rural areas;

(b) whether Government intend to implement a new scheme for proper health check up of pregnant women; and

(c) if so, the targeted time for its implementation?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) The National Rural Health Mission (NRHM)(2005-2012), and under its umbrella, the Reproductive and Child Health Programme Phase II, launched by the Government of India in the year 2005, aims to improve access for rural people, especially poor women and children to equitable, affordable, accountable and effective primary health care, with a special focus on 18 States which have weak public health indicators and weak infrastructure. Under the Mission, the following key strategies and interventions are being implemented to accelerate the pace of

†Original notice of the question was received in Hindi.

reduction in maternal mortality namely Janani Suraksha Yojana (JSY), a cash benefit scheme to promote Institutional Delivery with a special focus on Below Poverty Line (BPL) and SC/ST pregnant women; Operationalizing Community Health Centres as First Referral Units (FRUs) and Primary Health Centres for 24 × 7 services; Augmenting the availability of skilled manpower by means of different skill-based trainings such as Skilled Birth Attendance; training of MBBS Doctors in Life Saving Anaesthetic Skills and Emergency Obstetric Care including Caesarean Section; Provision of Ante-natal and Post Natal Care services; prevention and treatment of Anaemia by supplementation with Iron and Folic Acid tablets during pregnancy and lactation; Organizing Village Health and Nutrition Day at Anganwadi Centers; Appointment of an Accredited Social Health Activist (ASHA) to facilitate accessing of health care services by the community including pregnant women; Strengthening of Health Facilities, that is, District Hospitals, Community Health Centres (CHCs) Primary Health Centres (PHCs) and Sub Centres (SCs), by providing them with funds including untied grants, Annual Maintenance Grants (AMG) and Corpus Funds to improve service delivery.

There is no new scheme proposed for proper health check-up of pregnant women. However, proper check up of the pregnant women is a part of Quality Ante Natal Care which includes physical examination, laboratory investigations, 2 doses of T.T Injection and consumption of IF A tablets for 100 days. At least 4 such ANCs are already an important component of Maternal Heath Strategy being implemented under NRHM/RCH-II programme.

Primary Health Centres at Nandala

2364. SHRI RAJNITI PRASAD: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what are the detailed guidelines for establishing Primary Health Centres (PHCs) in States;

(b) what basic facilities are essentially provided to the patients at these centres under NRHM;

(c) what is the distance norm for opening these centres in plain and hilly areas;

(d) whether it is a fact that the PHC established in Jagla of Shimla District in Himachal Pradesh is far away from at Nandala; and

(e) whether Government would consider opening a sub-centre of this PHC at Nandala to meet the urgent need of villagers?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) Indian Public Health Standards (IPHS) for Primary Health Centres (PHCs) lay down Standards for personnel, physical infrastructure, for delivery of services, management etc. The details are available on this Ministry's official web site *www.mohfw.nic.in.*